

Wyoming Critical Access Hospital Network Annual Report 2009-2010

Submitted by:
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Introduction

Since its inception, the Wyoming Critical Access Hospital Network has sought to advocate for, and provide services to, Wyoming's critical access hospitals. With the national economy in turmoil, hospital margins contracting, and no relief in sight with respect to rural recruiting and retention issues, it is as important as ever that the WCAHN continue to support these important, small hospitals.

In order to deliver value, the WCAHN must provide services and support that meet the criteria of the Flex program that funds it, and that meet the specific needs of network hospitals. At the broadest level, this means that WCAHN planning must address key elements such as benchmarking, recruitment and retention, performance improvement, community benefit and image, and information management.

Within that overarching context, a concerted rural health planning effort with WCAHN CEOs in 2009 led to the development of five specific areas in which the WCAHN could best support Wyoming's smallest hospitals. Those areas were:

- Expansion of the Healthcare Quality in Rural America project
- Funding to offset the costs of participation in the QHi benchmarking project
- Targeted charge master reviews
- Financial/performance improvement education
- Coding education

During the 2009-2010 Flex grant year, the WCAHN delivered programs in each of these areas, and others, that helped Wyoming's smallest hospitals deal with the changing healthcare landscape and the realities of delivering high-quality medicine in frontier America.

Mission Statement

The Wyoming Critical Access Hospital Network (WCAHN) is a collaborative support system that synergistically strengthens member hospitals in order to sustain access to quality healthcare services.



WCAHN Member Hospitals

Community Hospital Torrington **Crook County Medical Services District** Sundance Hot Springs County Memorial Hospital Thermopolis Johnson County Memorial Hospital **Buffalo** Memorial Hospital of Converse County **Douglas** Memorial Hospital of Carbon County Rawlins Niobrara Health and Life Center Lusk North Big Horn Hospital Lovell Platte County Memorial Hospital Wheatland Powell Valley Healthcare Powell South Big Horn Hospital District Basin South Lincoln Medical Center Kemmerer Star Valley Medical Center Afton

Washakie Medical Center
 West Park Hospital
 Weston County Health Services
 Wewcastle

Network Meetings and Governance

The WCAHN meets quarterly to conduct Network business; to receive updates from Network partners, including the Office of Rural Health and others; to make decisions regarding Network projects and Flex funding; and to participate in regularly scheduled education programs.

The WCAHN is governed by a five-member steering committee with one alternate member. The following critical access CEOs comprised the 2009-2010 WCAHN steering committee:

- Jackie Claudson, President CEO, South Big Horn Hospital district
- Doris Brown, Vice President
 CEO, Crook County Medical Services District
- Tom Nordwick, Secretary
 CEO, Memorial Hospital of Converse County
- Rod Barton, At-large
 CEO, Powell Valley Healthcare
- Margie Molitor, At-large CEO, Washakie Medical Center
- Charlie Myers, Alternate
 CEO, Hot Springs County Memorial Hospital



Network Goals and Work Plan for 2010

The following goals and work plan for the WCAHN were developed through consultation with member CEOs, the Wyoming Office of Rural Health, and the Wyoming Hospital Association, and through facilitation by Rural Health Solutions. These goals address two fundamental strategic imperatives: achieving the requirements established for receipt of Medicare Flex funding, and meeting the needs of Wyoming's smallest and most vulnerable hospitals.

Goal: Support and Sustain Critical Access Hospitals

Objective 1: Advance the goals of the WCAHN: CAH performance improvement, recruitment and retention, and quality improvement.

Strategy	Completion Date	Staffing	Outcomes	Measures	Progress Report
Update and maintain the WCAHN web site, including posting Flex program reports and documents, program opportunities, CAH best practices, meeting notes, and other information as appropriate.	2Q 2010	WHA	Simplified access for members to information about Flex funding, programs, and opportunities	Quarterly review of Flex information on WCAHN web site for timeliness, accuracy	Web site update completed in 2010; major Flex documents are being posted to the site
Continue funding for a third class of the WCAHN Nurse Leadership Training Program.	1Q 2010	WHA/ORH	Basic leadership and management training for 40 additional nurses	Completion of courses and certificate standards by registered participants	15 hospital leaders enrolled in and completed the HLTP
Fund targeted charge master reviews in two CAHs with ongoing performance challenges.	4Q 2010	WHA	Improved financial performance for participating members	Execution of two charge master reviews	WCAHN funded 4 charge master reviews for CAHs
Fund a financial/performance improvement workshop for the WCAHN.	3Q 2010	WHA/ORH	Delivery of practical information to improve performance	Execution of financial performance workshop and report of participant survey results	Eric Shell of Stroudwater Assoc. presented to CEOs
Fund CAH/RHC coding workshops via three webinars for business office and coding staff and physicians.	4Q 2010	WHA/ORH	Improved coding and billing performance for participating members	Execution of three webinars and achievement of attendance goals	45 enrollees from 6 hospitals completed the three-part coding series
Fund member travel to the Western Region Flex Conference.	3Q 2010	WHA/ORH	Education and networking with other CAH CEOs and Flex officials	Timely promotion and registration of CEOs to attend conference	Director attended national CAH conferences in Minnesota, Georgia
Fund member travel and conference costs related to meetings, training, and workshops.	4Q 2010	WHA/ORH	Education, networking, sharing of best practices	Documentation of budget spent and events attended by hospital	WCAHN funded travel to meetings and workshops



Objective 2: Improve CAH performance and quality of care.

Strategy	Completion Date	Staffing	Outcomes	Measures	Progress Report
Fund incentives for member participation in QHi to encourage involvement and offset the staff costs associated with collecting and reporting required data.	2Q 2010	ORH	Improved data collection for use in quality improvement	Quarterly review of participation; annual report of participation, quality improvement	Funded \$2,000 in incentives for participating hospitals
Specify a state administrator and conduct monthly follow-ups with CAHs that have not submitted data to QHi.	1Q 2010	ORH	More useful reporting system as a result of improved participation	Quarterly review of participation; annual report of participation, quality improvement	ORH designed Keri Wagner to administer the program and follow- up with hospitals
Establish a standing agenda item for QHi updates during quarterly WCAHN meetings.	1Q 2010	WHA	Elevate QHi across the network, ensure data capture and reporting	Documentation of QHi reports at each quarterly WCAHN meeting	QHi representative Sally Perkins & Keri Wagner presented updates at WCAHN meetings
Explore options to reduce duplicative reporting between the Hospital Industry Data Institute (HIDI) and QHi.	2Q 2010	WHA	Increased participation in QHi and a more robust quality database	Establishment of protocols that reduce redundant data collection between systems	Ongoing initiative
Expand D.D. Bainbridge's quality and performance improvement project to all WCAHN members; begin each contract year with a kick-off training session to ensure shared understanding of program goals, objectives, outcomes, and tools.	2Q 2010	WHA/ORH	Improved access to quality education, tools, etc; improved program productivity through shared understanding of program goals	Completion of kick-off training session and report of participant survey results	Expansion completed and 2 sets of on-site training days conducted; Bainbridge contract terminated at direction of WCAHN members

^{*}Completion dates based on the Flex Fiscal Year: September 1 – August 31



Objective 3: Improve communication/collaboration among WCAHN members.

Strategy	Completion Date	Staffing	Outcomes	Measures	Progress Report
Establish professional peer networks for member professional staff, including CFOs, human resources directors, quality improvement directors, marketing directors, laboratory managers, etc.	2Q 2010	WHA	Networking, information sharing and solution development among peer groups	Establishment and initial meetings complete for CFO, HR, and quality professionals	Ongoing initiative to be completed in 2010-2011 Flex grant year
Organize and staff WCAHN Quality Council to review QHi and other quality measurement results and share best practices.	3Q 2010	WHA	Ensures review and use of QHi quality data, also improving participation	Establishment and initial meeting completed	Ongoing initiative to be completed in 2010-2011 Flex grant year
Establish and execute a strategic communications plan to effectively tell the hospital story, focusing on quality, technology, healthcare reform, reimbursement issues, charity care, and the overall economic impact of hospitals on their communities.	2Q 2010	WHA	Improved perception of hospitals among variety of stakeholders	1Q 2010: Development and approval of communications plan; review of plan successes quarterly thereafter	Working in conjunction with the Wyoming Hospital Association to develop and implement a communications plan
Upgrade the WCAHN web site to serve as a more effective and timely communication tool for WCAHN members.	2Q 2010	WHA	Improved communication and valuable information resource for members	Launch of the upgraded web site in 1Q 2010; monthly reports of updated content and site traffic	Site launched in 2010 with updated news, education programs, documentation, etc.

WCAHN-Specific Flex Budget

Budget Item	Budget				
Flex Budget Managed by WHA					
Staff	\$35,000				
Nurse Leadership Training Program	\$30,000				
Charge Master Reviews	\$27,080				
Financial Performance Workshop	\$3,000				
Coding Workshops	\$5,000				
Travel/Conferences	\$12,000				
Website Upgrade	\$5,000				
SUBTOTAL WHA-Managed Flex Budget	\$117,080				
Flex Budget Managed by ORH					
Rural Health Solutions – Planning	\$25,000				
Quality Health Indicators (QHi) Project	\$10,000				
QHi Participation Incentives	\$30,000				
D.D. Bainbridge – Multi-State Quality Improvement Project	\$96,650				
SUBTOTAL ORH-Managed Flex Budget Specific to WCAHN	\$161,650				
TOTAL WCAHN-Specific Flex Budget	\$278,730				



Narrative of 2009-2010 Flex Achievements

No segment of the healthcare system is unaffected by the federal healthcare reform bill that was signed into law in March. And perhaps no segment faces more significant challenges to its viability than critical access hospitals. Despite a favorable reimbursement system, many of the federal reforms could require major investments and significant cultural and operational changes. As a result, the Wyoming Critical Access Hospital Network (WCAHN) focused its efforts over the last year on delivering programs aimed at helping Wyoming's smallest hospitals improve their operations and ensure their viability.

Coding Workshops

Among those programs was a series of coding workshops sponsored by the WCAHN that were intended to improve that aspect of hospital operations. Some 45 participants from across the critical access hospital network participated in the three-session series of courses. All courses were delivered via the Wyoming telehealth network, with the instructor originating the courses at Western Carolina University. The telehealth network continues to be a valuable resource for providing educational programs while keeping costs low, and it served both purposes well in this case. Additionally, the coding workshops represent the first in what will be ongoing collaborations with other state networks – the instructor and course design were recommended by partners in Montana, and it is expected that an intermediate level of coding workshops will be presented in partnership with Montana in the 2010-2011 grant year.

Charge Master Reviews

Also in 2010, the WCAHN funded charge master reviews at four Network hospitals. This item arose directly from strategic planning conducted in partnership with Rural Health Solutions. Network CEOs identified the need, and the WCAHN applied Flex dollars to meeting that need. Seven hospitals applied for funding through the state Office of Rural Health, and \$6,500 grants were awarded to Hot Springs County Memorial Hospital, Crook County Health Services, Powell Valley Healthcare, and Niobrara Health & Life Services. The WCAHN also negotiated reduced rates for the reviews with Ingenix, and at least two of the hospitals took advantage of those rates.

Financial Performance Workshop

In keeping with the operational performance theme, the WCAHN coordinated a financial performance workshop with Eric Shell, principal at Stroudwater Associates. Mr. Shell has presented his 'Attributes of Successful Critical Access Hospitals' program to a number of hospital associations around the country, and he presented a portion of it at the National Flex Conference in Minneapolis in July. In addition to 2 hospital Chief Financial Officers, 10 WCAHN CEOs attended this session, and Mr. Shell's materials have been posted to the WCAHN web site.



Health Information Technology

Perhaps the issue that was most front-of-mind for critical access administrators in 2010 was the emergence of requirements for the meaningful use of electronic medical records. Issued in July,



the final meaningful use rules have the potential to require hospitals to scrap long-term investments in their existing systems, or to deal with the challenge of upgrading those systems multiple times in order to be eligible for Medicare incentive payments and avoid Medicare payment penalties. As a result, the WCAHN organized a seminar on Health Information Technology presented by representatives from MediTech. Additionally, a group of critical access hospitals have struggled with their EMR vendor, and the WCAHN coordinated efforts to work with the vendor to improve service, as well as efforts to seek proposals from HIT consultants and other EMR vendors with the goal of leveraging the group to find a single, certifiable solution at a cost the hospitals could manage.

Additionally, the WCAHN initiated educational sessions and strategic conversations with the Regional Extension Center to ensure that Wyoming's critical access hospitals have the resources they need to make good HIT decisions. Although this set of activities was not specifically related to the goals of the 2009-2010 work plan, it does represent the need for the WCAHN to be agile in using Flex funding to meet the needs of network hospitals, as well as the WCAHN's ability to do so effectively.

Training

For the second full year, the WCAHN provided leadership training to managers and leaders from across the Network. The program, originally designed to provide basic management training for nurse managers, was expanded in 2010 to include leaders from all areas of the hospital. As before, the leadership training was provided exclusively via the telehealth network in partnership with trainers from Laramie County Community College in Cheyenne, Wyoming. Registration numbers declined in 2010, however, and suggestions from Network CEOs will result in improvements in the next iteration of the program. For example, the WCAHN will seek a new instructor to infuse a new approach and energy. And the curriculum will be redesigned to be a la carte so managers can take only the courses that are relevant to them, rather than being required to take all of the courses in sequence.

In addition to leadership training, the Network also coordinated two sets of on-site quality improvement training from Darlene Bainbridge of DD Bainbridge and Associates. About 20 CEOs and quality staff attended the first two training days in the spring of 2010, and about 15 attended the fall sessions. The Network decided to terminate its contract with DD Bainbridge and Associates for quality improvement training, but the contract called for completion of the remaining training days.

WCAHN Web Site Upgrade

During its strategic planning sessions, the Network determined that an upgraded web site could be used to improve communication across the Network. The WCAHN worked with a contract firm to redesign to a more modern look, to make it easier to use, and to make it possible for the Network director to update information in real time. The design was complete in the spring of 2010 and the site was launched in the fall 2010 after content on the site was updated and refined. The WCAHN will continue to consider ways





the improved web site can be used to improve communications.

WCAHN Travel and Conference Attendance

Although the focus of the Network was trained clearly on achieving the objectives in the 2010 work plan, the WCAHN director also attended national conferences to stay current on the latest information regarding the impact of health reform on critical access hospitals. Such conferences included the National Rural Health Association (NRHA) Annual Rural Health Conference, the National Flex Conference, and the NRHA Critical Access Hospital Conference. It was through attendance at Mr. Shell's presentation at the National Flex Conference that he was invited to Wyoming to present to the WCAHN.

WCAHN Membership

On July 1, the conversion of Memorial Hospital of Carbon County in Rawlins, Wyoming, to critical access status was complete. As a result, MHCC became the 16th member of the WCAHN. Because of the rules regarding hospital conversion, and the nature of the remaining hospitals in Wyoming, this is likely to be the final critical access conversion in Wyoming under the current rules.

A Look Ahead: the 2010-2011 Work Plan

The success of the WCAHN depends on ensuring that the Network delivers services that meet the needs of its member hospitals and partners. To that end, the WCAHN and the Wyoming Office of Rural Health convened the membership in 2010 to design a set of Flex-funded initiatives which provide that value.

Health Information Technology (HIT) has been a front-of-mind issue for many, if not all hospital CEOs since the federal healthcare reform law passed in March 2010, requiring, in part, that hospitals become meaningful users of HIT. That means they must use certified technologies that meet the criteria for meaningful use, or they will suffer penalties in their Medicare reimbursements. This is a particularly acute issue for the smallest hospitals, which lack the capital to purchase or upgrade existing systems.

A key emphasis of the 2010-2011 WCAHN Flex work plan, then, will focus on providing HIT expertise to help these hospitals meet meaningful use.

The plan for the coming year will also continue funding leadership training for current and developing managers from all hospital departments. Based on the CEO feedback described earlier, leadership training will be more modular than in the past, and will utilize new instructors and tools to revitalize a very successful WCAHN initiative.

The WCAHN also plans to continue its efforts to assist members with their operations through funding of external policy reviews, through the continuation of incentives to help hospitals absorb the costs of utilizing the Quality Health Indicators (QHi) system, and through funding an intermediate level of coding workshops for hospital personnel and physicians.